



TECHNICAL COLLEGE
OF THE LOWCOUNTRY

**Grade Review Form
(3.2.4.2)**

Student Name: _____

Student #: _____

Phone #: _____

TCL Email: _____

Course Instructor: _____

Term/Year: _____

Course Prefix/Number: _____

Grade: _____

Please explain your justification for requesting a Grade Review and attach all relevant materials.

Student

Date

Instructor's Response:

Instructor

Date

Dean's Response:

Dean

Approved or Denied _____
Date

Vice President for Academic Affairs

Approved or Denied _____
Date